

1.) CORPORATION NAME:

ROANOKE RIVER RAILS TO TRAILS, INC.

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
SANDRA F TANNER
200 S MECKLENBURG AVE
PO BOX 150**

SCC ID NO: **06116651**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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SOUTH HILL, VA 23970

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MECKLENBURG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 150

CITY/ST/ZIP: SOUTH HILL, VA 23970-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

☒ OFFICER ☒ DIRECTOR

NAME: CARL ESPY
TITLE: VICE PRESIDENT
ADDRESS: PO BOX 627
CITY/ST/ZIP/CO: HALIFAX, VA 24558-

☒ OFFICER ☒ DIRECTOR

NAME: C J DEAN
TITLE: S/T
ADDRESS: 400 N MAIN ST
CITY/ST/ZIP/CO: LAWRENCEVILLE, VA 23868-

☐ OFFICER ☒ DIRECTOR

NAME: BRAD BALLOU
TITLE: DIRECTOR
ADDRESS: P.O. BOX 699
CITY/ST/ZIP/CO: HALIFAX, VA 24558-

☐ OFFICER ☒ DIRECTOR

NAME: JOSEPH EPPS
TITLE: DIRECTOR
ADDRESS: 516 BERRY ST
CITY/ST/ZIP/CO: CHASE CITY, VA 23924-

☐ OFFICER ☒ DIRECTOR

NAME: ROSCOE EUBANKS
TITLE: DIRECTOR
ADDRESS: P.O. BOX 125
CITY/ST/ZIP/CO: DRAKES BRANCH, VA 23937-

NAME:	MARCUS HARGRAVE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 FOREST DRIVE		
CITY/ST/ZIP/CO:	SOUTH BOSTON, VA 24592-		
NAME:	WOODROW KIDD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	727 CHAPTICO ROAD		
CITY/ST/ZIP/CO:	SOUTH HILL, VA 23970-		
NAME:	RONALD MATTOX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2605 NOTTOWAY BLVD.		
CITY/ST/ZIP/CO:	VICTORIA, VA 23974-		
NAME:	MELINDA MORAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1147		
CITY/ST/ZIP/CO:	CLARKSVILLE, VA 23927-		
NAME:	P.K. PETTUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 417		
CITY/ST/ZIP/CO:	KEYSVILLE, VA 23947-		
NAME:	EUGENE PIERCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 351		
CITY/ST/ZIP/CO:	BRODNAX, VA 23920-		
NAME:	NANCY QUICKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 214		
CITY/ST/ZIP/CO:	ALBERTA, VA 23821-		
NAME:	JIMMY WALTERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	670 HWY 92		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917-		
NAME:	CHARLETTE T. WOOLRIDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 399		
CITY/ST/ZIP/CO:	LAWRENCEVILLE, VA 23868-		
NAME:	SANDRA F TANNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 66		
CITY/ST/ZIP/CO:	200 HARRISON ST LACROSSE, VA 23950-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ C J DEAN</u>	<u>C J DEAN, S/T</u>	<u>1/3/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		